Effective on 12/08/2004.	· ·			
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).	Complete if Known			
FEE TRANSMITTAL	Application Number	10/592,982	2	
For FY 2009	Filing Date	3/15/2005		
FOI F 1 2009	First Named Inventor	· · · · · · · · · · · · · · · · · · ·		
Applicant claims small entity status. See 37 CFR 1.27	Examiner Name Frances H		. Kamps	
	Art Unit 3743			•
TOTAL AMOUNT OF PAYMENT (\$) 960 Attorney Docket 0115 - 06			2616	Y Y
METHOD OF PAYMENT (check all that apply)				
Check Credit Card Money Order Other (please identify):				
Deposit Account Deposit Account Number: 23-06	Deposit Account	t Name:		
For the above-identified deposit account, the Director is	hereby authorized to: (cl	heck all that ap	ply)	
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee				
Charge any additional fee(s) or underpayments of i	ee(s) Credit any	overpayments		
WARNING: Information on this form may become public. Credit card information and authorization on PTO-2038.	ation should not be included o	n this form. Prov	ide credit card	
FEE CALCULATION (All the fees below are due upon filing	or may be subject to a su	ırcharge.)		-
1. BASIC FILING, SEARCH, AND EXAMINATION FEES	, , , , , , , , , , , , , , , , , , , ,			
FILING FEES SEARCH				
		Small Entity	F D	a: d (4)
	ee (\$) Fee (\$) 270 220	<u>Fee (\$)</u> 110	Fees P	aid (\$)
Design 220 110 100	50 140	70		
Plant 220 110 330	165 170	85		
Reissue 330 165 540	270 650	325		
Provisional 220 110 0	0 0	0	========	·
2. EXCESS CLAIM FEES				Small Entity
Fee Description				<u>Fee (\$)</u>
Each claim over 20 (including Reissues)				26
Each independent claim over 3 (including Reissues)			220	110
Multiple dependent claims Texts Claims Facts Claims	e) Foo Dota (e)		390	195
Total Claims - 20 or HP Extra Claims Fee of	<u>Fee Paid (\$)</u>		Fee (\$)	ependent Claims Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20.			rector	ree I aid (\$)
Indep. Claims -3 or HP Extra Claims Fee	(\$) Fee Paid (\$)		· · · · ·	
HP = highest number of independent claims paid for, if greater than 3.	=			
3. APPLICATION SIZE FEE	,			
If the specification and drawings exceed 100 sheets of pape				
37 CFR 1.52(e)), the application size fee due is \$270 (\$ See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).	135 for small entity) for e	ach additional	50 sheets or fraction	n thereof.
******	each additional 50 or fra	ction thereof	Fee (\$)	Fee Paid (\$)
- 100 = /50 =				0
4. OTHER FEE(S)				Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)				
Other (e.g., late filing surcharge): RCE and three month extension of time 405; 555				
SUBMITTED BY				
Signature With Lymbo	Registration No. (Attorney/Agent)		Telephone 4	12-471-8815